# PHARMACARE NEWSLETTER



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*This newsletter provides information on the Pharmacare program for British Columbia's community pharmacists. Please circulate among dispensing staff.*

*Pharmacare on the Web:*
*www.healthservices.gov.bc.ca/pharme*

## Clarification of correct quantities

For the following drugs, please use the quantities below:

Chemical name Deferoxamine
DIN 1981250 Desferal 2g vial
DIN 2243450 PMS-DEFEROXAMINE
The quantity should be billed per vial, not per ml.

Chemical name Desmopressin Acetate
DIN 2242465 Apo-Desmopresson Spray
DIN 836362 DDAVP Nasal Spray
The quantity should be billed per ml therefore 2.5ml's for every bottle.

## Consolidation of payments processed as adjustments

As a result of the reduced mailing of Remittance Advice Notices, all payments processed as adjustments (including Plan B capitation rates, Emergency Contraceptive Pill counselling fees and Methadone Maintenance Program interaction fees) have been coordinated and combined into a single payment.

These payments will be processed during the final payment run of each month. Pharmacies will, therefore, receive these payments and a Remittance Advice Notice at the end of the month following the month of service.

Monthly invoices for Plan B capitation rates are still required.

Payments for Plan B claims (i.e., drug costs submitted on PharmaNet) are not affected.

## Special services fees

The number of Special Services fees paid for by Pharmacare over the past twelve months are:

| DATE | NO. OF FEES | DATE | NO. OF FEES |
|---|---|---|---|
| June 2001 | 5330 | Dec 2001 | 5149 |
| July 2001 | 5067 | Jan 2002 | 3244 |
| Aug 2001 | 5354 | Feb 2002 | 2981 |
| Sep 2001 | 4884 | Mar 2002 | 3288 |
| Oct 2001 | 5602 | April 2002 | 3581 |
| Nov 2001 | 5405 | May 2002 | 3789 |

## Prescription reversals

The PharmaNet Help Desk receives many requests from pharmacies to reverse prescriptions. Pharmacare CANNOT reverse prescriptions. Reversals can be performed only by the originating pharmacy.

## Benefits

The following new products have been included as eligible Pharmacare benefits on Plans A, B, C, E and F:

| DIN | MAN | DRUG NAME | Short Term | Long Term | Plan G Eligible | Palliative Care Eligible |
|---|---|---|---|---|---|---|
| 2243098 | SIL | Acetylcysteine solution (acetylcysteine) vial-neb. 200mg/ml | | Y | | |

## Non benefits

Pharmacare's Drug Benefit Committee recently completed the review of the following products and recommended that these products not be added as benefits under the program.

| DIN | MAN | DRUG NAME |
|---|---|---|
| 2243158 | STI | Clindoxyl® 1.5% gel (clindamycin phosphate/benzoyl peroxide) |
| 2244521 | AZC | Nexium® (esomeprazole mag trihydrate) tabs 20mg |
| 2244522 | AZC | Nexium® (esomeprazole mag trihydrate) tabs 40mg |

### Nexium® (esomeprazole mag trihydrate) tabs 20mg & 40mg

Pharmacare's Drug Benefit Committee (DBC) recently completed the review of esomeprazole. Based on the review of the submitted material, the DBC concluded that at the present time there is no evidence from published randomized double-blind trials that esomeprazole provides a therapeutic advantage versus omeprazole or other proton pump inhibitors (PPIs).

The committee noted that, although esomeprazole costs less than omeprazole, it is still more expensive than pantoprazole. In addition, the committee expressed concerns about the long-term costs of a market share switch from omeprazole to esomeprazole at a time when (a) a generic omeprazole may be available in the near future and (b) a lower cost PPI has recently been brought to market.

## LCA updates

### New products categorized to LCA and/or RDP

The following new products under the Low Cost Alternative Program (LCA) / Reference Drug Program (RDP) have been included as eligible Pharmacare benefits on Plans A, B, C, E & F:

| DIN | MAN | DRUG NAME | FULL/ PARTIAL | LCA/RDP Price | Short Term | Long Term | Plan G Eligible | Eligible for Palliative Care |
|---|---|---|---|---|---|---|---|---|
| 2244125 | PMS | PMS-Misoprostol tabs 200mcg | P | 0.3392 | | Y | | |
| 2245618 | APX | APO Warfarin tabs 3mg | P | 0.2778 | | Y | | Y |

## Limited coverage drugs

Special Authority Only (criteria follow)

| DIN | MAN | DRUG NAME | Short Term | Long Term |
|---|---|---|---|---|
| 2245662 | TAR | Ketoderm® (ketoconazole) 2% cream | Y | |
| 2244981 | | Tracleer® (bosentan) | | Y |

Actelion Pharmaceuticals Canada

Ketoderm® (ketoconazole) 2% cream

- for the treatment of severe fungal infections PLUS diabetes, circulatory conditions, or immuno-compromised patients.

Tracleer® (bosentan)

- for the treatment of primary pulmonary hypertension, or pulmonary hypertension secondary to scleroderma. Consideration of special authority requests for coverage of bosentan will be limited to established criteria and when prescribed by physicians currently specializing in the treatment of this rare and severe disease (Drs. D. Ostrow, R. Levy, D. Human and G. Sandor).

## Drugs under review

The following drug submissions are currently under review by the Drug Benefit Committee of Pharmacare:

| | |
|---|---|
| alfuzosin (XATRAL®) | mometasone furoate (AZMAX Twisthaler®) |
| ancestim (STEMGEN®) | nateglinide (STARLIX®) |
| bimatoprost 0.03% ophth soln (LUMIGAN®) | pioglitazone (ACTOS®), resubmission |
| bisoprolol (MONOCOR®), resubmission | rabeprazole (PARIET®) |
| botulinium toxin (BOTOX®), new indication | repaglinide (GLUCONORM®), resubmission |
| calcipotriol/betamethasone (DOVOBET®) | rivastigmine (EXELON®), resubmission |
| clopidogrel (PLAVIX®) new indication | rosiglitazone (AVANDIA®), resubmission |
| donepezil (ARICEPT®), resubmission | sibutramine hydrochloride (MERIDIA®) |
| eprosartan (TEVETEN®), resubmission | tacrolimus ointment (PROTOPIC®) |
| filgrastim (NEUPOGEN®), new indication | testerosterone gel (ANDROGEL®) |
| glucagon inj (rDNA) (GLUCAGON®), new formulation | 17-b-estradiol (VAGIFEM®) |
| insulin aspart (NOVORAPID®) | |